



APPLICANTS APPLYING FOR INTRASTATE AUTHORITY

Georgia Department of Public Safety
MCCD Regulatory Compliance
 959 E Confederate Ave.
 Atlanta, GA 30316
 (404) 624-7241
www.dps.georgia.gov

CONSENT FOR BACKGROUND INVESTIGATION

- Complete, sign, and have this form notarized. Note: False statements and/or swearing are felonies; see O.C.G.A. § 16-10-20.
- Present to local police or sheriff's department and request a background check report;
- Once you receive the results of the background check, attach the report to this form and mail to the attention of MCCD, Regulations Compliance Section, at the above address.

<i>(DPS use only)</i> FILE Number		<i>(DPS use only)</i> Date Received	
<i>(DPS use only)</i> Permit Number		<i>(DPS Use only)</i> Background	
Name (Last, First, Middle)			
Date Of Birth (month, day, year)		Male or Female	
Drivers License Number		Social Security Number	
State of Issue		Date of Issue	
Do you hold any other drivers licenses?	(circle) Yes or No	If so list license numbers & states	
Current Street Address			
City		State	Zip Code
Phone Number		Email Address	
Company Name			
Company Address			
City		State	Zip Code
Phone Number		Email Address	
Ethnic Background	(1): Native American (2): White not Hispanic (3): Hispanic (4): Black not Hispanic origin (5): Asian/Pacific Islander (6): Multi-racial (7) Other (list):		

O.C.G.A. 40-1-153 requires each owner, partner and officers of corporations to provide the information contained herein. Providing false statements and information is a crime and will disqualify your application from being approved.

I hereby apply to the Georgia Department of Public Safety for a Certificate or Permit to operate a motor carrier company. I understand that my criminal and driver histories will be investigated, and hereby give my consent for the Georgia Department of Public Safety to conduct whatever investigations necessary to determine my eligibility to apply for and hold a Certificate or Permit. I understand that false, misleading, or incomplete information given in my application or on this Consent Form may result in denial, cancellation, suspension, revocation, of my Certificate or Permit, as well as criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true, and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? **Yes** or **No** (circle your response)

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE

BLUE INK)

this ____ day of
20

,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal My Commission Expires: